



Annual Report of the Independent Monitoring Board at HMP Stafford

**For reporting year
01 May 2020 – 30 April 2021**

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Introductory sections 1 - 3

1. Statutory role of the IMB

The Prison Act 1952 requires every prison to be monitored by an independent board appointed by the Secretary of State from members of the community in which the prison is situated.

Under the National Monitoring Framework agreed with ministers, the Board is required to:

- Satisfy itself as to the humane and just treatment of those held in custody within its prison and the range and adequacy of the programmes preparing them for release
- Inform promptly the Secretary of State, or any official to whom authority has been delegated as it judges appropriate, any concern it has
- Report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody

To enable the Board to carry out these duties effectively, its members have right of access to every prisoner and every part of the prison and also to the prison's records.

The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an international human rights treaty designed to strengthen protection for people deprived of their liberty. The protocol recognises that such people are particularly vulnerable and aims to prevent their ill-treatment through establishing a system of visits or inspections to all places of detention. OPCAT requires that states designate a National Preventive Mechanism to carry out visits to places of detention, to monitor the treatment of and conditions for detainees and to make recommendations for the prevention of ill-treatment. The IMB is part of the United Kingdom's National Preventive Mechanism.

2. Description of the establishment

Located near Stafford town centre, HMP Stafford is the second oldest prison in the country and includes many Grade II listed buildings. It is a category C training prison^(*) for men convicted of sexual offences with a certified operational capacity of 751 residents. As a result of the Covid-19 pandemic from Q2 2020 there was a managed decrease in this figure to approximately 650 to enable better separation and shielding of certain vulnerable residents. During 2021 the number of residents was slowly allowed to increase towards its normal level and at 30 April was 693.

[* i.e. provides residents with the opportunity to develop their own skills so they can find work and resettle back into the community on release]

More than 90% of its residents are serving sentences of four years or more and half of the population are aged over 50.

The prison includes seven residential wings with most cells accommodating two residents and currently has on site 15 Bunkabins, which were required to reduce cell sharing, enable better social-distancing and support shielding measures. Each wing has in-cell sanitation and a shower block. Except for four cells in B wing, in-cell showers are only available in the newest wing (G) and Bunkabins. One wing (D) was used for induction, to accommodate the healthcare centre, to support reverse cohorting during the pandemic and also the support and separation unit (SSU). For the majority of the period of this report the SSU has not been used for its intended purpose, but instead as a protective isolation unit (PIU) for those residents confirmed as being Covid-19 positive.



PICT 1 – GARDENS IN FRONT OF G BLOCK

Brookside Cabin and garden provided a separate area for older residents, enabling indoor and outdoor activities, as well as facilities for relaxation and socialising. Throughout the pandemic these facilities were severely curtailed.

Significant workshop space was provided for employment and an on-site programmes team provided a range of interventions for residents to help address their rehabilitation needs and to reduce their risk of reoffending. Although not extensive, the outside environment was exceptionally clean and tidy supporting exercise yards, Astroturf pitch, many flower beds (see PICT 1), a Railtrack teaching area, beehives and a small paddock that hosts two pygmy goats. The Railtrack teaching area was temporarily removed in May 2020 as the space it occupied became necessary to host the Bunkabins.

Fulford's Bistro provided catering for staff and visitors, was managed by residents and enabled them to gain catering qualifications. To better prepare residents for life outside of prison "Unity 7", a residents meeting area and charity shop, that also supplied refreshments, opened in April 2021 utilising a cashless card payment system.

Within the establishment, under normal (i.e. non-Covid-19) circumstances, many voluntary organisations supported the residents including Samaritans (support and training for Listeners), Barnardo's (visitors' centre), Lincolnshire Action Trust (resettlement), Shannon Trust Reading Plan "Turning Pages", official prison visitors, Chaplaincy volunteers and refreshment provision in the visitors' centre by Friends of Stafford Prison. Most of their activities were severely curtailed during the pandemic lockdown periods.

Key providers:

- Physical health and social care provider - Practice Plus Group (previously known as Care UK)
- Mental health provider - Practice Plus Group: subcontracted to Inclusion and MPFT (Midlands Partnership NHS Foundation Trust) that together form an integrated mental health and substance misuse service
- Education services - Novus and Acorn Training
- Library services - Staffordshire County Council
- Community rehabilitation company (CRC) - Staffordshire and West Midlands
- Escort contractor - GEOAmey
- Canteen – DHL
- Facilities management – Amey plc

3. Executive summary

3.1 Background to the report

The impact of Covid-19 and especially the “lockdowns” has shaped this report both negatively and positively.

Negatively

- It almost completely eliminated the ability of Board members to perform on-site monitoring and hence have direct contact with residents
- It made triangulation of information exceptionally difficult
- It made Board members extremely reliant on the goodwill of prison staff to provide the information sought at an extremely difficult time for them

Positively

- It has forced Board members to consider and try new ways of monitoring and communicating (e.g. Zoom Board meetings), use of the 0800 free phone telephone number for the gathering of residents’ IMB applications (Apps*)
- As a result of the extremely restrictive regime the residents had to abide by (i.e. a 23 hour lock-down, so leaving only one hour to eat, shower, make phone calls and exercise) the fears Board members had of significant increases in residents self-harming, serious and violent events have not been realised
- Overall prison staff attitudes, resilience, perseverance, flexibility and understanding have all been commendable (however there were a number of negative comments regarding some staff recorded in the Residents’ Survey)

[* IMB Apps – request by a resident for a personal interview or response to a query, which was not necessarily a complaint]

At the end of the reporting period, and in order to provide further data, it was decided to circulate to residents a questionnaire for their completion so the Board could ensure their voice was heard. The data generated also enabled some triangulation of

that obtained from other sources. The Residents' Council representatives kindly volunteered to support and help the Board with this project by distributing and collecting the responses. The survey was anonymous, involved 24 questions and incorporated space for residents' comments.

199 questionnaire responses were received at a time when the prison complement was 690 residents, a superb 28.84% response and hence highly valid results. 117 of the 199 (59.80%) responses also contained written comments by the resident, which varied from a few words to, in most cases, several sentences.

This "Residents' Survey" will be frequently referred to during this report and some of the residents' comments quoted directly.

It should be noted that in addition to Covid-19, significant personnel changes took place, namely a new Deputy Governor, Governing Governor, Head of Healthcare and Managing Chaplain.

This, in turn, created changes in other roles, especially those within the senior leadership team (SLT).

3.2 Main judgements

How safe was the prison?

As in previous years, violence and drugs within the prison were at very low levels, such that residents frequently commented on how "safe" the prison was. The Board's greatest concern to resident safety was with regard to all elements of medicines management within the establishment; see Section 4. "Safety".

How fairly and humanely are residents treated?

During the period of this report there were indications and evidence from sources such as IMB Apps, the Residents' Survey, complaints and observations that some of the residents were treated other than fairly or humanely. For example, in answer to the question from the Residents' Survey "*Do most staff treat you with respect?*" the answer was "Yes" in 65.6% of responses. However, many of the written responses to this question described contrary situations that, in some cases, were most worrying.

How well are residents' health and wellbeing needs met?

All through the Covid-19 pandemic the greatest danger to residents' health was the realisation that they would become infected by the virus being brought unintentionally into the prison by a member of staff, yet the Government and its advisers did nothing to prevent this and did not even acknowledge that the risks in a prison environment were akin to those of a care home. Furthermore, when a vaccine did become available prison staff were not considered front-line workers or even a priority. Given the population dynamics of HMP Stafford this was a recipe for disaster, which, unfortunately was realised during the second wave of the pandemic with 222 cases of Covid-19 (approximately a third of the prison population at that time). Given that many of the staff themselves were ill with Covid-19 during this time the prison did exceptionally well in managing to perform any sort of regime, a

situation acknowledged by the residents themselves and evidenced by the Residents' Survey and Board conversations with residents.

Other than for the situation described above and medicines management there were very few reports of anything additionally negative regarding the establishment meeting the needs of residents' health and wellbeing. Indeed in response to the Residents' Survey questions of *"Based on your experience what is the overall quality of the health services like?"* 61% responded good or reasonable.

Given the amount of time residents had to spend in their cells, the Board anticipated many more issues regarding their mental health and wellbeing and it was to the credit of the prison staff that, despite the pressures they were under themselves during the Covid-19 outbreaks, this was not the situation.

How well are residents progressed towards successful resettlement?

With almost everything suspended during the lockdown and outbreak periods inherent within the period of this report, the Board were pleased to note that all 198 residents released had accommodation on release. Staff frustration at not being able to provide more (e.g. programme support), was clearly evident, along with resident frustration regarding contact with their Keyworker and Prison Offender Manager (POM); see "Section 7.3 Offender management, Keyworkers, progression" for detail. It was not clear to the Board what else could have been done during the pandemic to further support residents' progress towards successful resettlement given the constraints both within the establishment and the community as a whole.

3.3 Main areas for development

TO THE MINISTER

- In order to protect residents and prison staff, will the Minister seek the elevation of prison staff to the equivalent of front line healthcare workers such that, should we ever experience another pandemic, they will be amongst the first groups provided with highly effective personal protective equipment (PPE) and vaccination/treatment?
- Due to the failure of HMPPS over recent years to address the issue, will the Minister ensure that the pay inequalities between what residents can earn within a private prison versus a state run prison are removed?
- Will the Minister ensure that funding and resourcing of the 0800 telephone number that enabled residents to submit IMB Apps over the phone is maintained as this proved to be such a powerful means of communication with residents during the last 12 months?

TO THE PRISON SERVICE

- Will HMPPS ensure that HMP Stafford and Practice Plus Group initiate, with immediate effect, a medicines management system that, unlike now, does not

impair the safety of its residents and is put under close supervision until ALL previous recommendations (PPO, CQC, HMIP, etc.) have been fully and successfully delivered?

- Will HMPPS provide direction to the population management unit (PMU) that they must take more responsibility regarding the suitability of residents they transfer to HMP Stafford (e.g. residents who cannot manage stairs yet the sending prison has categorised them as fit and well)? Inappropriate transfer of the kind seen during the period of this report places unfair pressure on prison staff and is to the detriment of the transferring resident at all levels (safety, fair and humane treatment, health and wellbeing).
- Given the inability of HMPPS to deploy across much of the prison estate in-cell phones, as exemplified by HMP Stafford, will they ensure that the disparity of call charges is removed so that it is no longer more expensive to make a call from a wing phone, rather than an in-cell phone? This lack of in-cell phones puts residents at a distinct disadvantage; a situation detrimental to their mental health, contacts with family and subsequent resettlement chances.
- Given that HMP Stafford is a national facility for People Convicted Of Sexual Offences (PCOSO) and hence the difficulties and long distances often experienced by residents' relatives when visiting the establishment, will HMPPS consider firstly maintaining the Purple Visit scheme and secondly extending it to incorporate evenings and weekends?

TO THE GOVERNOR

- Will the Governor ensure that specialist debt advice is re-introduced as a service to the residents?
- Given the many negative comments of the Residents' Survey regarding staff/resident relationships will the Governor put in place an action plan that is aimed at rectifying these issues?

3.4 Progress since the last report

Status	Issue
What is better	The physical improvements being made to the prison (e.g. decoration) by the unified efforts of residents and staff (including contractors)
	The regional specialist care unit (SCU) is almost completed and due to open in the summer
	The low level of IMB Apps – 19 for the year as a whole
	The availability of the 0800 Freephone number for the submission of IMB Apps
	The provision of Purple Visits
What remains the same	The drive by all to deliver the vision of “proud to return active citizens, through rehabilitation, to our communities”
	A prison well led by the Governor through the endeavours of all staff
	The majority of residents being treated fairly, humanely and with compassion
	The cleanliness of the prison and the comments by residents of how safe they feel
What is worse	Medicine management, from ordering to delivery (Ref: Sections 4. Safety, 4.2 Deaths in custody, 6. Health and wellbeing)

Evidence sections 4 – 7

4. Safety

The Residents' Survey generated many negative comments regarding poor medicine management and healthcare, especially concerning the means by which repeat prescriptions had to be obtained and gaps in medication delivery, often a week or more in duration, so constituting a resident health safety issue.

These responses, supported by our own observations, HMIP Inspectorate reports, PPO reports and CQC investigation do not concur with the submissions provided by the prison in the HMIP Inspection Action Plan of May 2020, specifically recommendation number 5.1* where it is stated that the tasks are either completed or due to be completed in December 2020.

** Key concern (S45): Too many prisoners experienced breaks in medical treatment because of delays in supplying their routine, prescribed medicines. This potentially affected their health.*

Recommendation: There should be no delays or gaps in prisoners receiving their routine, prescribed medicines.

A specific example is provided below, which was taken from an issued prison document in April 2021:

Staff called to "Z" wing at 2300 hours due to Mr XXXX being in pain and requesting his medication. Informed by healthcare that they were unable to issue medication due to not having a second member of healthcare on to countersign the issuing of the medication. Mr XXXX had been refused his evening medication due to not making his way to the meds hatch, he is end of life care and potentially unable to walk that far. Mr XXXX was transferred to HMP Stafford to allow him to access 24 hour healthcare and medication when needed.

As the Board raised many similar issues in our annual report of the previous year we now find the state of medicine management in its entirety within the prison to be non-comparable to that available to the public within the general community and, more importantly, totally unacceptable on the grounds of resident health safety and hence in need of immediate correction.

Other than this situation the Board judged that residents continued to benefit from a calm, safe and well-ordered environment and the data monitored reinforced this.

This was further evidenced by the HMIP Short Scrutiny Report of June 2020, which described the prison as "*calm and steady*" and "*Levels of violence and self-harm, traditionally low, had remained so*".

Whenever they could take place monthly, safer custody meetings discussed and highlighted all aspects of safety, with reports from prison staff, Listeners, Insiders, Samaritans and the Chaplaincy.

There were, on average, 17 Listeners available to talk to residents during the day; due to the lockdown the night service had to be suspended and only the Samaritans phone was available. Perhaps more so than ever before, the availability of Listeners and the Samaritans service had been invaluable during the pandemic.

4.1 Reception and induction

Reception and induction were two areas that the Board were unable to monitor during the pandemic and questions about them were not asked as part of the Residents' Survey. However, several comments regarding them were made within the responses to the survey but these were more related to the handling of orders and hence Business Hub related.

4.2 Suicide and self-harm, deaths in custody

The number of self-harm incidents was 116, an increase of 14.8% over the previous year (101 events), but this figure included multiple incidents by the same individuals.

There were 147 ACCT (assessment, care in custody and teamwork) documents opened, which was slightly higher than the previous year and may be a reflection of the more difficult circumstances during the pandemic. HMP Stafford was one of the pilot sites for the new Version 6 ACCT document, which was successfully implemented during this period and, at a National IMB/HMPPS meeting in April 2021, the prison was praised for its efforts in the creation of this new version. By the date of this report, over 250 staff had completed Version 6 ACCT awareness training within the establishment.

There were six deaths in custody (see table below), three of which had Covid-19 stated as either the reason or part of the reason for their death. The remaining three deaths had been as a result of natural causes.

N.B. Several healthcare recommendations have been made regarding the investigations completed and reported on by the PPO*.

Date of Death	Age at Death	Location of Death	Reason for Death	PPO* Recommendations
08/10/2020	65	Prison	Natural causes; cardiorespiratory arrest, Covid-19 and hypertension	None
30/10/2020	76	Hospital	Natural causes, cardiac arrest	2 x healthcare
17/12/2020	66	Hospital	Natural causes, Covid-19	3 x healthcare
19/01/2021	84	Prison	Natural causes, cardiac arrest	No PPO report as yet
07/02/2021	105	Hospital	Natural causes that include Covid-19	No PPO report as yet
09/03/2021	54	Hospital	Natural causes	No PPO report as yet

* Prison and Probation Ombudsman

4.3 Violence and violence reduction, self-isolation

Good progress was made in the reduction of violent incidents within the establishment, as demonstrated by the following data:

- Assaults on staff - 11 incidents (down from 12 the previous year)

- Assaults resident on resident - 12 incidents (down from 30 the previous year)

Adjudications for the reporting period were a total of 288, a reduction of 34.1% compared to the previous total of 437.

There were no instances of residents self-isolating during the reporting period.

N.B. It cannot be determined whether these positive outcomes were a result of genuine improvement or a consequence of the amount of time residents had to spend in their cells.

4.4 Residents with specific vulnerabilities

Due to the lockdown/pandemic most of the initiatives organised for residents with specific vulnerabilities were cancelled (e.g. events, bereavement counselling, official prison visitors (OPV)).

The role of the OPV is especially important as this was typically utilised by residents not able to have visits from relatives/friends and enabled some degree of regular contact. The Chaplaincy had five OPVs available to visit who, during the restrictions on visiting, corresponded with residents by letter so maintaining some degree of contact.

4.5 Use of force (UoF)

During the period of this report, UoF declined from 76 incidents the previous year to only 66. It was important to note that this figure was inflated by multiple incidents involving the same individuals.

During these incidents no staff or residents sustained serious injury, no batons were used, handcuffs were used on 15 occasions and PAVA (peralgonic acid vanillylamide) spray was used only once.

4.6 Substance misuse

Routine drug testing was, in the main, suspended during the pandemic. Where mandatory drug tests (MDTs) were conducted the results were very encouraging as there were no positive tests detected during the period of this report.

Although there were occasions when intelligence and actions suggested third parties were trying to get drugs into the prison (e.g. attempting to throw drugs over the prison wall), the establishment was in the enviable position, as recognised by HMPPS, of not having a drug problem.

There have been occasions where a few residents brewed "hooch" but, as far as staff were concerned, the majority were caught on cell searches and this in itself did not represent a significant problem.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

For a few years now, the Board has been in the fortunate position of being able to report positively on the appearance of residential wings and this continued in 2020/21 (see PICT 2 as an example of a typical wing).

The Board was pleased to learn that, during the reporting period, budget was secured to refurbish showers on one wing as a priority, plus also serveries on two wings. The focus on continuing to create clean, hygienic, safe and appropriate facilities on wings was welcomed.

As a result of the closure of one wing to be recreated as the SCU (regional care facility), and the need to create extra space for shielding, 15 Bunkabins arrived on site for some of the displaced residents (see PICT 3). The feedback on these was highly positive, especially the lack of window and door locks, which gave residents a feeling of trust.



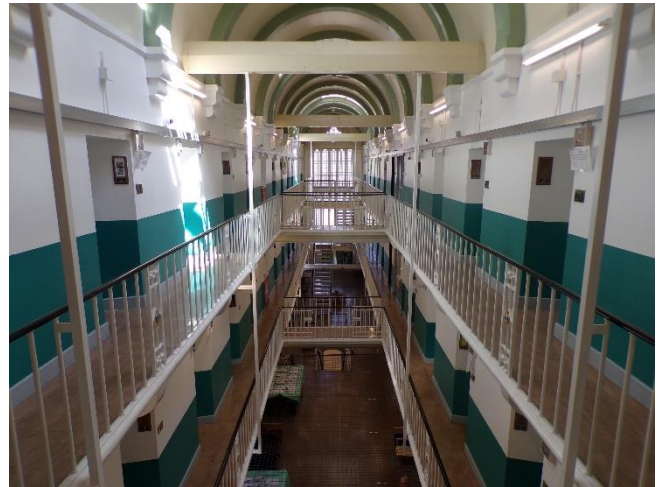
PICT 3 - BUNKABINS

Pre-Covid-19, the resident painting party had been very active on wings in ensuring that décor remained presentable. The Board found, on its return, that residential areas remained at an acceptable standard and were clean, tidy and safe.

The Board was pleased to see that the Clean, Rehabilitative, Enabling and Decent (CRED) programme was well underway and that cells were being refurbished to a consistent standard. Initial feedback from residents was positive, as they felt that their living accommodation had been brightened by new paint and the resolving of little annoyances such as rocky furniture and dripping taps. The Board commends the residents' painting party who played an integral part in delivering the CRED programme.

The outside space at the establishment remained well kept. The Board recognised how important the limited time in fresh air was for residents and was encouraged to see that additional coloured seating, coloured planters and more resident artwork was used to enhance the overall look and improve the facility.

Consideration was given by the establishment to ensuring that residents were able to benefit from being outside by splitting one of the large sunny exercise yards to enable two resident groups to spend time there. The Board acknowledges the



PICT 2 - TYPICAL WING

fairness that this sought to achieve and the benefit that being outdoors brought to most residents.

Clearly time out of cell was very restricted for residents, especially during the period as an outbreak site. Staff sought to provide time out of cell on an equal footing for all residents and the Her Majesty's Inspectorate of Prisons (HMIP) report of June 2020 said *"most prisoners were locked up for 23 hours a day. On rotation 15 prisoners were unlocked for 30 minutes outdoor exercise each day, plus showers, phone calls and cell cleaning. There were sufficient staff to ensure this regime was reliably delivered"*.

In line with national guidance resident safety was improved on the wings by the removal of plastic litter bins on landings, replaced by metal bins. The plastic bins were a fire risk for both residents and staff. These new lidless metal bins however did attract flies, an unwanted by-product of the change.

The Board was pleased to learn that resident safety was also enhanced by the provision on all wings of continual flow demisters to be used in the event of cell fires, which all staff had been trained in the use of.

Fish tanks remained on two wings providing a calming environment for some residents and responsibility for their upkeep for others. Two pygmy goats remained at the establishment and residents responsible for their care took pride in maintaining their pen and exercising them around the premises during the day.

The lack of in-cell phones clearly put pressure on pin phones during the reduced regime (despite the welcome additional £5 pin phone credit and reduction in call costs). The Board was concerned that the national project to fit in-cell telephony may have fallen behind schedule and residents at HMP Stafford will have an even longer wait for this essential method of communication. The Board points out, once again, that HMP Stafford is a national resource with many residents being held some distance away from their home areas. The opportunity of being able to phone home at a time they choose is both fair and humane, the rollout schedule should consider national resources as a priority.

The availability of in-cell phones was the subject of many comments in the Residents' Survey *"Six phones at the end of the wing to service the whole wing. You are only allowed 10 minutes to speak with your loved ones, this after waiting for a phone to become free, thus eating into your association time. Why have we not got phones in our cells?"* and *"The IMB in the last two reports have asked for in-cell phones to no avail. I have been out to hospital five times in these establishment – being extremely ill – and yet there is a 72 hour wait for relatives to be informed. If a relative rings the prison – particularly regarding health – because my wife with my history of illness knows that if I don't ring there's a good chance of my being hospitalised - the attitude of some answering are hostile, whilst others are agreeable and empathetic"*.

The lack of in-cell phones means that residents had to pick between communication or outdoor exercise; they were faced with no other choice. One resident commented, *"Getting phones in the pads would be so much better for mental health; other prisons have this. It means that you can prioritise showers and outdoor exercise when you're out of the pad which is important got mental/physical health. It's damaging having to pick the lesser of two evils"*.

The establishment sought to provide in-cell activity for all residents and the Board was encouraged to read in the HMIP report that “a huge and imaginative range of in-cell activities and distraction packs had been introduced alongside a library trolley service”. Residents commented on the benefits of having daily word searches and crosswords made available to them.

The establishment remained challenged with the availability of cells that could be accessed without having to climb stairs. With the age range and medical challenges within the population of HMP Stafford, demand outstripped availability.

The Board hope that the PMU is mindful that other establishments should consider carefully those residents transferring to Stafford. It is disappointing for the Board to learn that there were occasions when residents had arrived at Stafford who clearly could not manage stairs, yet the sending establishment has categorised them as fit and well. This was not fair on the resident arriving at Stafford, the residents already at Stafford and the staff who were left to manage the arrivals. An example of this was a recent arrival of a resident requiring end of life care with no prior discussion on the suitability of HMP Stafford to provide appropriate accommodation.

During the restricted regime, the Board was pleased to see the establishment use the time to focus on creating a community hub called Unity 7 (the name reflecting the prison commUNITY and its 7 values, see PICT 4). This hub will provide a coffee-shop-type environment for residents to visit and contains the charity clothes shop, which has been a very successful and welcome provision for residents over several years. The hub was a joint effort between residents/staff and AMEY. The quality of the finish and the overall ambience of the area was superb. It provided yet another opportunity for resident artwork to be displayed and residents to prepare for life outside of prison.



PICT 4 – UNITY 7 VALUES

The Board viewed the food comments books on some wings and were pleased to see a mixture of positive and constructive comments regarding meals. The Board did not receive any Apps regarding food/meals and the kitchen appeared to have continued to produce appropriate nutrition for residents. The Residents’ Survey reported over 65% of recipients saying that the food was either reasonable or good.

The comfort packs that were given to residents during periods of Level 4 regime, containing items such as a chocolate bar, biscuit and tea bag were a welcome addition.

The kitchen provided the required level of support to those residents fasting over Ramadan. Approximately 40 residents fasted, and well-rehearsed processes were in place to support them. The Board recognised the efforts of the resident kitchen party (staff and residents) in this.

5.2 Segregation

The separation and segregation unit (SSU), also known as “Seg”, closed for the majority of the reporting period in order to become the protective isolation unit (PIU) for symptomatic and positive tested Covid-19 residents. As a consequence, only six residents were recorded as being held there during the course of the year, as opposed to 53 in the previous reporting period. In Q2 2021 the old SSU started to undergo a redesign such that, when it opens again, it will have fewer cells, so freeing up more refurbished accommodation for red and blue band residents.

There were no residents in the SSU for more than 42 days. Those that required segregation, but could not be held in the SSU, were typically held in cellular confinement (CC) in appropriate cells on the residential wings.

Board members were routinely notified when a resident was taken to the SSU or placed on CC and the resident was contacted/visited where possible. There was only one Rule 45 review during the reporting period.

5.3 Staff-resident/detainee relationships

During the reporting period, there were many changes to the SLT both in terms of new arrivals but also movement in positions. The Board was encouraged to see that these did not appear to have destabilised the establishment at an already difficult time. Many of these new appointments needed to embed themselves during the restricted regime and, from the lack of negative comments from residents, this would appear to have happened to good effect, although more pro-active introductions by Governors to residents would have been welcomed, as would the introduction of new staff on wings by their name.

The Board saw evidence of yet another year of stability in staff through their length of service and reports that over 50% of staff at Stafford had over 20 years of service. For the Board, the stability comes with strengths and weaknesses. The stability allowed residents to establish longer term relationships with staff that would hopefully support their rehabilitation and ensure consistent communication. On the flip side, longer serving staff may find change more difficult and may be change resistant. In the Residents’ Survey, there were comments such as:

“Not enough interaction by staff for new arrivals to tell them how wings operate, rules etc. Some good staff with good interaction, a lot who are rude not just to me but other prisoners. Never ask how we are etc.”

and

“I think it is rude to refer to anyone by their surname alone, most officers do this. I feel it would be more respectful to refer to me by my first name or add Mr to my last names as I do to others.”

Due to the restricted regime, face-to-face time spent between staff and residents was limited and clearly this had a negative impact on residents. As the establishment moved into Level 3 it was encouraging to see a little more communication between staff and residents and this needs to continue at a pace. Both residents and staff will have got out of the essential habit of communication and this needs to be fully recognised as a priority going forward.

Through the Residents' Survey, the Board was concerned that only 65% of resident respondents felt that staff treated them with respect. Comments such as *"If officers open up, it would be nice if they would just let us know what's going on like. Med or regime and to make sure everyone is okay not just open and close the door and a like more respect to the inmates and all run the same routine"* and *"there is a severe lack of respect from the officers towards inmates and instances of bullying by certain officers. There has also been a lot of instances of discrimination towards foreign nationals. I have been here 5 months and don't know who my Keyworker is or have had a meeting with my POM"*.

The Board was extremely concerned by some comments in the Residents' Survey and a full transcript of them was made available to the Governor to allow him to follow them up. Over 15% of resident responses contained negative comments regarding the conduct of officers, some contained multiple comments and clearly the Board cannot allow these to go unchecked.

The Residents' Survey produced some disappointing information for the Board, especially the numerous comments around *"I feel Stafford is way behind times and still running as a Cat B prison. We are all treated as Cat B prisoners, there is way too much bang up and too much locked gates within the prison"* and *"Gates closed, officers not opening gates, C cat, treated like my old B cat"*. In the past the Board has heard such comments but felt that these were isolated remarks. Clearly there appeared to be an increasing number of residents who felt the same and this will be a subject of further monitoring by the Board going forward.

It is important to note that the Board was mindful that the Residents' Survey should be looked at in context

- It was undertaken by residents after a long period of not seeing any Board members
- It followed a tremendously stressful period for the residents, that included long periods of lock-up
- It was almost inevitable that some residents would use it as an opportunity to "let off steam"
- Some residents were new to the establishment at the time of the survey and hence their responses may not be comparable to those who had been there throughout the whole 12 months of this report

5.4 Equality and diversity

The age profile of the establishment (April 2021), both staff and residents, remains biased towards the older individual (when compared to other prisons), as seen in Table 1 and Table 2, with 344 residents over the age of 50 (51% of the population).

Of these, 193 residents were over the age of 60 (29% of the population) and 82 residents were over the age of 70 (12% of the population).

TABLE 1: RESIDENTS				
Age Range	Number	%	%	%
18-21	1	0.15		
22-29	76	11.22		
30-39	134	19.79		
40-49	122	18.02		
50-59	151	22.30	50.81	
60-69	111	16.40		28.51%
70 and over	82	12.11		
TOTAL	677	100.00%		

TABLE 2: STAFF			
Age Range	Number	%	%
20-29	45	13.68	
30-39	60	18.24	
40-49	52	15.81	68.09
50-59	130	39.51	
60-69	40	12.16	
70 +	2	0.61	
TOTAL	329	100.00	

i.e. 68% of all staff were aged 40 or above.

Equality Action Group meetings continued without the presence of residents and an equalities officer continued to oversee all aspects of the work involved. Although Board members were unable to attend meetings they were kept fully informed of outcomes. Each strand was led by a functional governor plus one other and it was pleasing to note a marked improvement in staff meeting attendance. All strand leads were expected to achieve 80% combined attendance and to submit submissions monthly, which fed into the action plan. The result of this was more productive meetings. No worrying trends were identified by examination of data, including the Equalities Monitoring Tool.

Focus was given to Black, Asian and Minority Ethnic (BAME) groups (83 residents in total) following the rise of the Black Lives Matter movement. Consultation took place between staff and BAME residents to establish a dialogue of inclusivity. Their views were ultimately fed back to the SLT. Although HMIP and “Measuring the Quality of Prison Life” (MPQL) investigations reported no evidence of disproportionality in the treatment of BAME residents, some issues were acknowledged and appropriate action taken. The Board commends this initiative and will monitor future developments of this newly formed BAME group.

A policy in respect of the growing number of younger residents was finalised and will be monitored together with a focus on disability within the prison.

Covid-19 restrictions prevented the organisation of many events and celebrations. Notice boards and WayOut TV provided information on a regular basis to raise

awareness on each wing. Celebratory meals were part of the menu and were well received by residents.

The Residents' Survey generated an almost equal response to the question *"If you have a protected characteristic (age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex, and sexual orientation) or belong to a minority group do you think HMP Stafford consults often enough through the Equalities Forum?"* Of the 144 responses to this question 49.3% responded "Yes" or "Sometimes" with 50.7% of the responses being "No", suggesting there was still more work to do.

40 foreign national residents were held in Stafford at the end of the reporting period. Due to Covid-19 restrictions, meetings were held bi-monthly but without the presence of the wing representatives. Keyworkers played an important role during the pandemic, visiting residents and addressing concerns. Immigration issues were channelled to a named member of staff. Virtual sessions were arranged with Home Office Immigration Enforcement. The production of an Equalities Action Plan was ongoing as further clarification and additional returns were needed from the group.

Residents submitted 29 discrimination incident report forms (DIRFs) compared to 27 in the previous reporting period. The majority were based on race. Monitoring revealed that often complaints were raised because of "throw away" remarks but evidence showed that all were treated seriously, investigated thoroughly and responses were appropriate. There was some slippage in response time but this had since been rectified and all responses were quality checked by the Deputy Governor. Although 26 DIRFs were progressed during this period there does not appear to be an underlying pattern of discriminatory behaviour at HMP Stafford.

DIRFs 1 MAY 2020 – 30 APRIL 2021		
CLASSIFICATION	CRITERIA	TOTAL
DIRFs	Submitted	29
	Resident vs Resident	9
	Resident vs Staff	11
	Resident vs Prison	5
	Staff vs Resident	3
	Staff vs Prison	1
STATE	Proven	10
	Unproven	16
	No outcome (withdrawn by complainant)	1
	Pending	2
STRAND	Gypsy, Roma and Travellers	1
	Gender Re-assignment	2
	Foreign Nationals	2
	Disability	2
	Race	16
	Religion	3
	Sexual Orientation	3
	Age	0

5.5 Faith and pastoral support

Throughout the difficulties of the past year, the chaplaincy worked tirelessly to contribute positively to the lives of residents. A new Managing Chaplain was appointed in October 2020 to co-ordinate the work of the team, which consisted of ten staff (mostly part-time).

As it was not possible for residents to attend faith groups or services during the year, faith materials were provided in-cell on an individual basis. One-to-one faith support continued throughout the establishment. Although outside visits to sick relatives or attendance at funerals could not be accommodated, the prison provided virtual access to family members and to funeral services where possible.

The catering department continued to produce menus to reflect major religious and cultural festivals.

Chaplaincy was represented at equality meetings and continued to report on its actions and plans. Faith link representatives had been appointed and would meet when the regime allowed.

5.6 Incentives schemes

At the end of the reporting period, 298 residents were on Standard and 398 on Enhanced. The use of Basic had been suspended across the estate during the pandemic.

The Board saw evidence that, where behaviour necessitated, the recording of an “under achieved” on NOMIS, it was noted that the use of Basic would have normally been considered.

The use of red and blue bands for some residents continued and their visibility around the establishment completing gardening tasks, working in the administration block, running the Bistro or tending to the animals reflected well on the trust that was placed in them. The Board welcomed the continuation of this scheme as a fair and decent reward for good behaviour and compliance.

The Board found that some residents did not understand the IEP (incentives and earned privileges) system and therefore were unlikely to know what was necessary for them to do in order to achieve a higher level under IEP. Similarly, this could also have meant that residents might question it when the scheme was used within the behaviour management framework.

The Residents’ Survey asked, “*Do you feel you have been treated fairly in the IEP scheme in HMP Stafford?*” Over 60% of the respondents said either no or don’t know and this was of concern to the Board as IEP was one of the key processes surrounding resident recognition and the management of behaviour. One resident commented “*we aren’t rewarded for being decent*”.

Of concern to the Board were comments from residents such as “*The IEP scheme here rewards poor behaviour and gives no incentives to progress beyond Basic as it*

offers you no incentive to reach Enhanced level or they make it very hard for you to progress further than Standard level as they seem to show no notice of your behaviour or achievement. You only seem to reach Enhanced level if you arrive here with it anyway. Then you have to prove yourself before they let you keep it”.

The Board would appreciate clear, simple, visible messaging around the IEP system in order that the understanding of residents was improved. The need for this was evidenced by a resident’s recent comment that the *“IEP scheme is not fit for today’s prisoner – no difference between Basic, Standard and Enhanced”* and *“IEP – never had one”*.

5.7 Complaints

During the reporting period there were 536 complaints by residents, which included Comp 1 (initial complaint), Comp 1a (appeals to Comp 1 complaint responses) and Comp 2 (confidential complaints). This compared to 777 complaints in the previous year; a surprising reduction of 31.0% given the pandemic and the restrictions surrounding it.

Of the 536 complaints, 161 (30.0%) were upheld by the establishment.

The main areas of complaint related to wing or cell issues, which amounted to 167 complaints, representing 31% of the total.

Once again the Board wished to acknowledge the efforts of the staff in ensuring that an effective system for tracking complaints was in place. The Board occasionally needed to review specific complaints (e.g. to respond to an IMB App) and the details of these were always available swiftly. This enabled the Board to communicate with the resident more promptly and thoroughly.

Although the Board no longer monitored complaints on a regular basis, a sample of complaints and responses was provided at the end of the year. The Board were satisfied that the responses to the complaints were answered in a polite and timely way. They were aware, however, that the responses were not always to the satisfaction of the resident making the complaint.

5.8 Property

The Board received only one IMB App with regard to property during the reporting period. However, this low number was not felt to be as a result of any improvement in the general handling of residents’ property between establishments or within HMP Stafford but more a consequence of the low level of movement across the prison estate due to Covid-19.

6. Health and wellbeing

6.1 Healthcare general

The healthcare service in HMP Stafford was provided by Care UK, who rebranded as Practice Plus Group on 1 October 2020.

During the pandemic waiting times for primary and secondary care appointments for chronic and non-acute conditions were similar, in line and equitable with the community. Overall there were 22 six-week diagnostic test breaches that were out of the control of healthcare.

A new Head of Healthcare transferred from her role as Head of Healthcare at HMP Oakwood in early February 2021.

6.2 Physical healthcare

During the first four months of the reporting period there were no cases of Covid-19 amongst residents. During the second wave there were 222 cases, with two residents dying as a direct result of contracting the virus. However, in the last four months of the reporting period there were no further outbreaks. All processes around isolation remained in place and were constantly monitored.

Public Health England worked with the prison and healthcare during the Covid-19 outbreaks to provide advice, guidance and support in terms of managing the outbreaks and preventing the spread of the virus. They were happy with the steps taken in terms of Covid-19 management.

Vaccination of Groups 1-9 was completed and healthcare administered first doses to 482 residents in total. Plans were in place to commence second doses of the vaccine at the end of April 2021.

Under phase 4, all routine appointments were suspended and healthcare moved to an urgent and emergency care model. All patients requesting to be seen were triaged in relation to whether this was urgent care. If it was deemed not to be of an urgent nature an appointment was not offered. Patients were advised of the model and that any routine appointments could not be facilitated. Following the move to Phase 3 on 19 April, there was a move to start to reintroduce routine services within primary care. It was anticipated that there would still be a need to triage residents to ensure that they were adequately prioritised as there was still a requirement to arrange appointments adhering to social distancing requirements, which would mean fewer patients in waiting areas.

Tests for blood borne viruses (BBVs) were still offered in admissions on the first day of arrival at HMP Stafford.

Several issues had been identified in relation to medication management, as identified through a CQC inspection, HMIP Inspections, PPO reports, prison-based reports and the Board's own observations. Both the Head of Healthcare and the Governor had this as a high priority but the Board had not seen any evidence of resolution (see Section 4 "Safety"). There had been an improvement in the officer supervision at medicine hatches. However, there were still occasions when supervision was lax, but in these instances, the prison endeavoured to rectify the situation.

There were some problems with the provision of overnight healthcare but it was expected that this would be rectified by the employment of additional nursing staff and staffing for the SCU when this comes on stream in summer 2021.

Some clinical audits were frozen, but the majority of audits scheduled to take place had been completed and submitted monthly.

As was highlighted in the previous annual report, the full-time doctor had reduced his working week to three days. To supplement the shortage, a locum, an experienced prison general practitioner (GP), was employed to cover the remaining two days per week. An offer had also been made for a permanent GP for two days per week. It was proposed to continue to utilise the locum GP for one day and also a Bank GP (an experienced prison GP) for eight hours per week, covering tasks, referrals and review of blood results. The aim was to recruit a further GP for one day per week, but at the time of writing there were no suitable candidates to consider.

The cost of escorts was £59.87 plus £45.05 an hour and the cost of bed watches, which were reviewed weekly, was £195.44 plus £44.65 an hour. In an effort to mitigate problems with the regime, four escorts per day had been contracted for secondary care appointments; two in the morning and two in the afternoon. The prison remained flexible should there be a need for an additional escort for an urgent hospital appointment. This did not include emergency escorts that were classed as unplanned.

At the time of writing the report there was one bed watch out, which was likely to be long term.

During the year there were a total of 656 escorts and 65 bed watches, which was 37% less than the previous year. The average monthly cost was £46,266 which, although only 13% less than the previous year, was accounted for because of several longer term bed watches.

6.3 Mental health

The Head of Healthcare reviewed the mental health services with the Inclusion Team on a monthly basis. There were currently no breaches for urgent referrals and, in fact, the Inclusion Team had been able to see patients for routine appointments for several months.

6.4 Social care

Palliative and social care meetings continued to take place during the pandemic, but not always with the usual monthly frequency. In many instances social care staff could not access the prison and both meetings and referrals were conducted remotely. Social care equipment required for residents was always provided, albeit sometimes not as quickly as desired.

PPO comments on those residents that had died during this period all commented that the care received was comparable to that which could be achieved within the community.

By the time this report is published the long awaited SCU within the prison will be fully functioning, as work is currently well under way towards its completion. This unit will provide 24/7 care for a small number of exceptionally needy residents, which, as

a consequence, should help alleviate some of the pressures on both healthcare and non-healthcare staff.

6.5 Exercise, regime

During the pandemic indoor and outdoor exercise and activities were being facilitated when and where possible and, for outdoor activities, when the weather allowed. During level 4 restrictions, the prison could only allow outdoor activities.

6.6 Drug and alcohol rehabilitation

Under normal circumstances Inclusion would have offered both mental health and substance misuse interventions to the residents of HMP Stafford as they were a fully integrated team. From the specific perspective of substance misuse, it offered assessment, care planning, one to one interventions, group work and referral to community teams on release.

The Covid-19 lockdown resulted in all mandatory drug tests (MDT), face-to-face support and programmes being suspended. Before lockdown, there were zero cases of drug misuse discovered by MDT.

Inclusion Recovery Programmes were stopped, as were peer recovery support groups and the introduction of wing mentors. Voluntary drug testing and self-referral applications were continued and used as a motivational and support tool. Due to the pandemic, data for those released from HMP Stafford under Inclusion substance misuse at the time of their release and requiring referral to community services was not available, but Inclusion continued to work closely with community offender managers (COMs) and POMs for those within their release window.

6.7 Soft skills

The positive work of the Rehabilitative Culture committee was, unfortunately, put on hold by the Covid-19 pandemic since time out of cell was clearly limited. Little face-to-face contact was possible with residents because of the very short time they had out of cell and by the limited “bubbles” on the wings and in workshops.

Resident Council meetings were also restricted during the reporting period owing to distancing rules, but

- For those with hearing impairment the provision of two new hearing loops helped enable better TV listening
- An increased number of TV channels helped mitigate against boredom
- The Resident Council representatives could not praise and thank the efforts of the staff during this period more highly and were extremely appreciative of their efforts, as evidenced at a socially distanced meeting
- To ease in-cell boredom a quantity of Sega Mega Drives (games consoles) and DVD players were purchased and allocated to the wings for shared use

- In-cell distraction packs and activity packs were available on the wings and more than 58% of the Residents' Survey responses rated them as reasonable or good

7. Progression and resettlement

7.1 Education, library

Not surprisingly, education suffered dramatically during the lockdown period as a result of residents being in their cells for 23 hours per day. No movement and lack of accessibility to residents resulted in the education department developing in-cell packs, which were delivered and followed up/checked by them. The quality of the packs was assessed by the Head of Education and through their own residents' survey. The results were published and it is encouraging to note that the response was an 80% enjoyment/satisfaction of distraction packs and 81% enjoyment/satisfaction of educational packs.

In August 2020 the Learning and Skills department developed an in-cell curriculum for residents to last from August to December. A sample of the courses offered were English, Maths, Art, Equality and Diversity, Barbering, Hospitality, Creative Writing, Industrial Cleaning, Health and Safety, Mentoring, Food Safety, Tenancy, Music Therapy, Recycling Principles, Nutrition, Team Leadership and Understanding Learning Difficulties. This was significantly more than was being offered in many other prisons at this time.

Residents were able to receive and complete exams in a classroom that was fit for purpose and Covid-19 compliant.

The following in-cell courses were commissioned for delivery in January, February and March 2021: English entry level to level 2, Maths entry level to level 2, Art, Mentoring Equality & Diversity, Industrial Cleaning, Information Advice & Guidance, Lean Management, Pre-Tenancy, Learning Difficulties and Disabilities, Team Leading, Health & Safety, Nutrition, Enterprise Skills, Food Safety, Community Project and Music.

186 courses were commissioned during this period with 63 residents enrolled. In addition a further 72 students were still engaged in learning from the November /December annual delivery plan (ADP) so providing a total of 135 in-cell learners.

The education department cleared the examination backlog by the end of March 2021 as planned. Distance learning was taking place with 22 residents with an additional 12 studying with the Open University.

When conditions allowed, tutors would visit wings to provide short interventions with students who required extra support. The Education Manager had a local operating procedure (LOP) in place for these residents in a Covid-19 safe classroom.

Industrial Cleaning carried out face-to-face assessments in wing bubbles to complete learners' qualifications. To enable this, the Education Manager created a LOP for tutors to carry out assessments on the wings (assessments in the workplace).

Stafford Library Service developed and continued to provide an outreach service during the pandemic. An induction pack was created for all new receptions so,

although the library staff were distanced, the residents were still able to become a library member and borrow books, magazines, etc. Requests varied each week, but these were discussed at regular monthly meetings.

At the time of this report the library service was fully staffed.

For resident information, advice and guidance (IAG) the prison had a new provider, namely Acorn Training, as the contract with Novus expired on 31 January 2021. The Learning and Skills Manager worked closely with them to ensure there was no gap in delivery and Acorn employed one of the previous staff, which was proving positive for continuity.

In Q1 2021 Novus, as the education provider, received a West Midlands region-wide (i.e. not site specific) "notice to improve". The notice included 94 lines of improvement. To date at HMP Stafford, 80 of these lines had been signed off as being complete, for four there was no action possible and ten had been partially evidenced.

The action plan published in May 2020, following the unannounced inspection of HMP Stafford by HMIP on 13 – 24 January 2020, generated several recommendations that were monitored by the Board. One example concerned the provision of too few high-level qualifications in education or qualifications in work. As stated there were 33 learners that were on distance learning courses and studying with the Open University. The prison facilitated the calls between the student and the outside tutor but did not become involved in the learning. The Board understands that some courses, such as textiles and barbering, were not needed at a level above that which they could currently achieve within the prison as this was not a requirement of prospective employees and hence a higher level qualification here was not necessary or cost effective. However, other courses such as level 2 Carpentry remained an, as yet, unsatisfied requirement.

The Board wishes to acknowledge the extent and the level of learning that occurred throughout the pandemic, which was also recognised in reports to the Regional IMB Chairs group and by the Ministry of Justice.

7.2 Vocational training, work

A very small number of residents were able to maintain their employment in workshops throughout the challenges of the last 12 months. These were in the laundry and the tailoring workshop, which was deemed to be producing essential items for HMPPS.

The tailoring workshop employed residents initially manufacturing hospital scrubs for the NHS and blankets/sheets for HMPPS. Residents stepped in to help the national situation by producing sheets for HMPPS as production had been stopped in several outbreak sites. The Board commends the efforts of a small number of residents and staff who worked diligently and at a pace to service this requirement.

Residents in these areas were clearly grateful for the opportunity to continue working and contributed positively to the essential safe working practices. The short scrutiny report by HMIP from June 2020 reported that the residents who continued to attend workshops "*really valued the opportunity to work*".

The establishment tried to maximise the employment opportunities for residents by offering morning and afternoon shifts to different wing bubbles

The Board was particularly impressed by the efforts of residents in the laundry who not only continued to provide a service to HMP Stafford but also serviced other establishments such as Ranby, Nottingham, Stoke Heath and Hewell on a substantially reduced staffing level. It was also encouraging to see that this area took responsibility to produce suitable face masks for residents.

The Industries Manager reported that the volume of laundry processed by residents more than doubled, yet the resident numbers completing the work was substantially reduced, a notable achievement by all concerned (staff and residents).

The Board were encouraged to see that the establishment maintained all the contracts that it had pre-Covid-19 and acknowledged the work that the Industries Manager did to engage with those companies during the lockdown, thereby protecting employment for residents when the workshops were able to reopen.

The Board remained concerned that time spent in the workshop for many residents had not led to any form of vocational qualification. When the IMB asked residents “*Is it easy or difficult to get Vocational (work related) or Skills training?*” over 70% of respondents said difficult or don’t know.

Income from industries was considerably reduced from the previous year, falling from £381,000 to £81,000. This latter figure was slightly above the expectations of HMPPS with a minimal figure being retained for investment by the establishment.

The Board was disappointed by the expectation of HMPPS for income in 2021/22 to reach the pre-Covid-19 level. To protect the safety of residents and staff alike, some workshops remained closed, and all others were operated on reduced capacity. This expectation was therefore totally unrealistic and would, once again, mean that little income would be available for investment in residents by HMP Stafford.

Mention and praise should be made regarding the efforts of the industries staff who themselves helped service contracts during lockdown. They also took the opportunity to paint/refurbish workshops to improve the environment for residents on their return and reorganise the same workshops for socially distanced working for residents.

7.3 Offender management, Keyworkers, progression

The June 2020 report from HMIP stated that “*relationships between staff and prisoners were positive and relaxed and the prisoners we spoke to felt that staff were doing what they could to help. However, the lack of any Keyworker contact was notable*”. It appears from the Board’s communication with residents that the current situation may not be as positive as was painted by HMIP last year.

Responses to the Residents’ Survey indicated that 81% of respondents said they did not have the right amount of contact with their Keyworker and 66% said they did not have the right amount of contact with their POM. However, when asked to rate the quality of interaction with the POM, just under 46% rated it as good or reasonable. Of those who expected to be released within the next three months, 74.39% stated they were not being helped to prepare for release. As might be expected, additional

comments focussed on negative rather than positive aspects of resettlement. For example:-

“I have been here 5 months and don't know who my Keyworker is, or have had a meeting with my POM”.

“OMU and POM reluctant to help with progression through the prison system”.

“I have not had any contact with a Keyworker or POM in over 12 months”.

“Nothing for lifers whatsoever in resettlement training terms! “

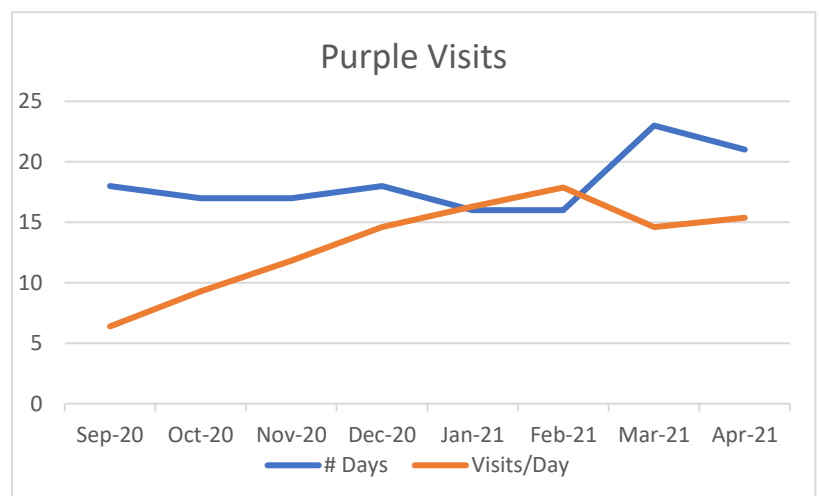
In a report to the IMB for its May Board meeting the programmes team stated the following:

“Due to not being able to deliver programmes for 7 months the database is constantly being screened for men who may not now be able to access a programme prior to their release date. In these cases a full case review is being written and given to the resident and their POM to identify any treatment needs. Waiting times for access to programmes has considerably increased due to the ‘paused’ period of 7 months and also the decreased group size capacity.”

Therefore, all recognise that getting back to any degree of normality, let alone *“building back better”* will take many months and that in the meantime certain residents e.g. those about to be released, must take priority, despite the frustrations this can cause amongst others who have been waiting a very long time for some form of intervention.

7.4 Family contact

In the absence of face-to-face social visits due to Covid-19 the introduction of Purple Visits (the equivalent of a “Zoom” meeting for residents and their families) in September 2020 became an essential part of maintaining family contact, especially given the lack of in-cell phones within the establishment. The graph, entitled Purple Visits, shows the growth in terms of number of days per month available for Purple Visits and the average number of Purple Visits per day.



In the Residents' Survey 53.3% responded “Yes” to the question *“Do you think purple visits are a good way forward to communicate with your family/friends?”* As a

consequence of this and the many positive comments the Board has received regarding this service we would strongly recommend its continuance after the epidemic. Interestingly, some of the reasons for not using Purple Visits were linked to the age profile of the establishment where over 50% of its population were aged greater than 50. This meant that many of the resident's family were equally so aged, or much older (e.g. parents), and, as a consequence, many were not keen or able to utilise the technology involved to participate in a Purple Visit. Other limiting factors were the lack of Purple Visits in the evening and at weekends, which reduced access for working relatives and children in particular, something that, hopefully, will be addressed moving forward.

7.5 Resettlement planning

Inspecting in January 2020, HMIP said that *“rehabilitation and release planning improved from not sufficiently good to reasonably good”*. A resettlement team had been put in place but had not been able to fully implement plans or strategies. *“The prison had only just introduced a strategy and action plan which covered all of the resettlement pathways, and it was too early to judge their impact. Reducing reoffending meetings took place regularly but had not yet been driven by a coordinated plan for improvement.”*

The impact of Covid-19 and associated lockdown regimes that had to be implemented meant that face-to-face training, resettlement moves and enrichment sessions were suspended.

Although not resourced as a resettlement prison, HMP Stafford continued to discharge residents directly. The number discharged in the reporting period was 198. This compared with 149 during the previous reporting period.

Resettlement work was impacted by Covid-19:-

- IPP/lifer resettlement events cancelled
- Myth Buster sessions cancelled
- No resettlement fair possible
- Resettlement induction suspended
- Resettlement need assessments – as all non-essential face-to-face contact with residents was suspended, assessments were conducted via self-assessment screening using internal mail
- Enrichment sessions were only offered on a self-referred needs-led basis

Accommodation and transfers

The Board was pleased to note that all 198 residents released during the reporting period had accommodation on release, although one was only accommodated on their day of release.

Transfers between prisons were suspended for a time and later reinstated. No resettlement transfers occurred throughout the whole year to any of the five designated resettlement prisons for HMP Stafford, although there were 41 category D moves to one of three designated establishments, demonstrating that despite Covid-19, some movement between prisons was taking place.

Finance, benefit and debt

47 bank account applications were made to NatWest of which 12 were declined.

Due to Covid-19, Jobcentre Plus (JCP) suspended all face-to-face appointments. Department of Work and Pensions (DWP) guidance on claiming Universal Credit (UC) during the restrictions was sent to all residents being discharged in the reporting year. Residents who had no understanding or knowledge of UC were provided with information on the new benefit.

The Access to Advice (A2A) contract ended in March 2020, when the contract with HMPPS finished and there continued to be no specialist debt provision in the establishment. This was raised as an issue via the West Midlands Prison Group Director regional office, given that this was the case across all prisons. Residents who were identified as having debt issues were provided with information on how to address their debts. However, communication continued with residents identified as needing specialist debt advice before the end of the A2A contract via email and internal mail. The Board was concerned that at the end of the reporting period there was still no specialist debt advice available.

Proof of identification (ID)/National Insurance (NI) numbers

Residents were screened at induction and when they were in their resettlement window to ensure they knew their NI numbers. Staff supported residents to trace their NI number through HMRC. When the NI number was provided this was recorded in NOMIS. Residents with no proof of identity were supported when they applied for a copy of their birth certificate. However, there had been an almost 100% increase in cost from £9.25 to £18.00 and residents had to agree to pay the £18.00 fee in advance, so impacting on the number of residents who applied for a copy of their birth certificate. Residents were also supported when they applied for a driving licence. Photographic proof of ID letters to residents was supplied to those discharged without any proof of ID.

Will writing service

Five local solicitors agreed to provide this service to residents. The list of participating solicitors was disseminated to wing information desks; residents were expected to make contact with their chosen solicitor directly.

Resettlement course – enrichment sessions

All non-essential face-to-face contact with residents remained suspended; assessments were conducted via internal mail. Only essential social distanced face-to-face appointments took place. Clean Sheet, Life Without Bars and Money Advice and Disclosure sessions were delivered on a one-to-one needs-led basis. This was a self-referral system that left large gaps in provision or the demand for it.

Resettlement continued to be delivered by the Community Rehabilitation Company (CRC) following the implementation of the Enhanced Through the Gate (ETTG) Resettlement Service for non-resettlement prisons.

Following the closure of several probation offices in the community and with community offender managers (COMs) working remotely, probation supervision was

conducted much of the time via telephone. To support this and to enable residents to maintain contact with probation, all residents being discharged were being screened to ascertain if they had access to a mobile phone on release. Any resident who was identified as not having a phone was provided with a basic mobile phone by the CRC upon discharge. The Board was unable to ascertain if this provision of phones was ongoing. Phone details were forwarded to the COM, the information was populated onto nDelius (a browser based, national probation service case management system), C-NOMIS (Computer-National Offender Management Information System) and ViSOR (a national shared database for recording Official Sensitive Information with regard to public risk and intelligence on individuals who pose a risk of serious harm to the public). All residents were also screened to ascertain how they would be travelling on the day of release. Residents who were identified as using public transport were provided with up to date train times to their destination due to the disruption of the public transport network.

The national careers contract had ceased and the prison arranged, initially, with Novus, the education provider, to supply careers help. This function was taken over in January 2021 by Acorn Training to supply information advice and guidance (IAG).

8. The work of the IMB

Two Board members left during the reporting period, one as a result of having served their maximum period of 15 years at the prison, the other due to the pressures of trying to juggle managing a home, parenting and work whilst under the restrictions created by Covid-19.

One new Board member transferred in from another prison.

Following a recruitment campaign an additional new member was added to the Board.

Three Board members were at different stages of working through their first year training, which had been extremely hampered by their inability to make prison visits. The support provided here by the IMB Secretariat and their local mentors in the form of online learning, seminars, Q&A and chat sessions was superb.

Board statistics

Recommended complement of Board members	14
Number of Board members at the start of the reporting period	10
Number of Board members at the end of the reporting period	10
Total number of visits to the establishment	52 ⁽¹⁾
Total number of segregation reviews attended	0 ⁽²⁾

1. This exceptionally low number of visits was simply a consequence of Covid-19 and only reflected “physical” visits to the prison. Remote contact was maintained throughout the period
2. Even during “normal” times segregation reviews only occurred rarely at HMP Stafford

Applications to the IMB

Our expectation at the start of this reporting period was that given the limitation of the regime the residents were experiencing then we would be inundated with Apps.

We were completely wrong in this expectation.

Throughout the whole of the reporting period residents were encouraged to submit Apps by instructions on the App collection boxes on each wing, issuing of Community Information Notices (information notices sent direct to residents), wing posters advertising the 0800 Freephone number/service and even an advert on the prison/education WayOut TV that all residents received.

Code	Subject	Previous reporting year	Current reporting year	Difference
A	Accommodation, including laundry, clothing, ablutions	2 (2.5%)	2 (10.5%)	0
B	Discipline, including adjudications, IEP, sanctions	3 (3.8%)	0	-3
C	Equality	1 (1.5%)	1 (5.3%)	0
D	Purposeful activity, including education, work, training, library, regime, time out of cell	4 (5.0%)	0	-4
E1	Letters, visits, telephones, public protection restrictions	7 (8.8%)	1 (5.3%)	-6
E2	Finance, including pay, private monies, spends	2 (2.5%)	1 (5.3%)	-1
F	Food and kitchens	2 (2.5%)	0	-2
G	Health, including physical, mental, social care	7 (8.8%)	1 (5.3%)	-6
H1	Property within this establishment	6 (7.5%)	1 (5.3%)	-5
H2	Property during transfer or in another establishment or location	16 (20.0%)*	0	-16
H3	Canteen, facility list, catalogue(s)	3 (3.75%)	2 (10.5%)	-1
I	Sentence management, including HDC, release on temporary licence, parole, release dates, recategorisation	10 (12.5%)	3 (15.8%)	-7
J	Staff/resident concerns, including bullying	4 (5.0%)	4 (21.0%)	0
K	Transfers	4 (5.0%)	1 (5.3%)	-3
L	Miscellaneous, including complaints system	9 (11.3%)	2 (10.5%)	-7
	Total number of applications	80 (100.0%)	19 (100.0%)	-61

* Number and percentages in bold highlight the greatest numbers in each reporting year

The fact that so few Apps were received, only 19 for the whole year, was attributed by the Board, in part, to the regime itself (e.g. very few transfers so little opportunity for property to be lost), and to the relationship engendered between the residents and staff during this time such that any issues were resolved on the wings/within their bubbles.

The 0800 Freephone number/service created in response to the epidemic was extremely successful in that 11 (57.9%) of the 19 Apps submitted were via this means.

N.B.

- A reduction of 61 Apps (76.3%) compared to previous year
- The average time to it took a Board member to respond was 4.5 days, with the range being 0.5 – 20 days
- All Apps received a written response, with one also receiving a verbal response
- Only two residents submitted more than one App, with each of these residents submitting two Apps



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